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SHORT LITERATURE NOTICES

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Farah, M. (ed.): 2010, *Neuroethics. An Introduction with Readings.* Cambridge, Mass; MIT Press. 379 pages. ISBN 978-0262514606. Price: £25,95

Martha J. Farah is Professor at the Department of Psychology of the University of Pennsylvania, where she is head of the Center for Neuroscience and Society. She is widely recognized as one of the worldwide leading scholars in the area of neuroethics. In this book she offers an "introduction with readings" into the field, including articles written by herself and by other recognized experts, such as Judy Iles, Robert Cook-Degan, Eric Racine, Michael Gazzaniga, Eric Parens and Patricia King, among others. After an overview of neuroethics, the book presents five topics: human enhancement ("Better brains"), identity and authenticity ("Brain, Self, and Authenticity"), neuroimaging ("Brain Reading"), use of brain knowledge the Courts ("Neuroscience and Justice"), and the concept of personhood ("Brains and Persons").

Through the choice of the readings and the introductions, we can easily infer that Farah supports the thesis that neuroscience and its recent findings already have a huge impact on our conception of ourselves as human beings, and on the type of morality to which we are committed. This is not surprising: as we become better able to know how the brain functions (under the skull and not only through the behaviour), and as the brain is the support of our mental life and of our identity, the new knowledge of our brain acquired through neurosciences is a knowledge of what kind of beings we are. Besides, our morality cannot ignore what we are as human beings, if it wants to have an impact on our behaviour and on our social life.

The readings collected in the book offer a wide array of divergent positions; each topic is presented by authors supporting different views. Therefore the book does not defend a particular opinion, but tries to offer tools allowing readers to forge their own views. For instance, on the question of the impact of neurodeterminism (the thesis that what goes on in our brain determines our behaviour) on the law, Farah presents the two different positions of Greene and Cohen on the one side (the position of hard determinists who think that the discoveries of neuroscience force us to change our legal system of retribution), and the position of Morse on the other side (the point of view of compatibilists, who think that the same discoveries do not compel us to change anything).

This anthology of neuroethics' texts is not the first published; but as the field progresses rapidly, accompanied by a growing number of publications, this anthology is welcome. It gathers important texts and presents them in a manner that allows the reader to have a good grip on this emerging field.

Bernard Baertschi
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Segall, S: 2009, *Health, Luck, and Justice*. Princeton: Princeton University Press. 252 pages. ISBN 978-0691140537. Price: € 28.99

Although the leading luck egalitarian Ronald Dworkin has dealt with health care allocation issues, Shlomi Segall's *Health, Luck, and Justice* is the first book-length attempt to systematically apply luck egalitarianism to the just distribution of health care. The doctrine of luck egalitarianism is by now the main rival approach to Rawls' theory of justice in this field (see chapter 1 of this book for Segall's view on this relation, but have in mind that both approaches are

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within the same camp). Its core claim is that outcomes of brute luck (i.e. those that are not the results of conscious choices) have to be compensated. Disadvantages for which the individual cannot be held responsible should not make difference in terms of health and health care. This is the basic message when luck egalitarianism deals with health care allocation issues.

At first sight, applying luck egalitarianism to these problems leads to counterintuitive results. Since many health problems are related to the way people live their lives, it seems that they have to carry the burden of their decisions and should not be allowed to rely on social systems which are financed by taxes. Our solidarity in these matters would end if health problems are results of individual choices. At the same time, empirical studies show that many health inequalities in our societies are not related to inequality in access to health care but to other social factors (e. g. education, recognition in labour, structure of neighbourhoods etc.) or to natural differences, such as genetic factors. How can a society based on luck egalitarianism deal with these differences in health and life expectancy, which are caused by the overall structure of our society or natural differences?

Segall has organized his book in three main parts. After a first introductory chapter that presents the doctrine of luck egalitarianism, he analyses in Part I various issues relating to health care and responsibility, attempting to establish a system of basic and universal health care for all. Although this result is plausible it has to be stated that Segall can reach his conclusion only by balancing justice with other values. In Part II health itself becomes the subject of luck egalitarianism. The four chapters in this section of the book try to show that health and life expectancy are distributed unequally due to the overall organization of our societies. One basic move in Segall's argument (mainly to protect him from the levelling-down effect of equal distribution of health) is to accept that equality is of limited (i.e. instrumental) value in health (chapter 8). The final Part of this book widens the scope by taking into account the sub-national level of health care systems (chapter 10) on the one hand, and the transnational perspective of global justice (chapter 11) on the other. These chapters are especially interesting since the main difference between the Rawlsian political conception of justice and the cosmic conception embedded in luck egalitarianism becomes visible here. Furthermore Segall's arguments make a good point in demonstrating that luck egalitarianism can take into account the political structure of the problems of health care even if the notion of justice is not taken as essentially political in itself.

Segall's book is an important contribution to the discussion of justice in health care which shows how far theories of justice, especially a luck egalitarian approach, can deal with the normative problems we face in this context. But it is also important in showing the limits of theories of justice when we think about the value of health in our overall scheme of good lives and human flourishing. Segall is very good in demonstrating that ignoring individual responsibility in this context is ethically unacceptable. But one might get the impression that social structures frame individuals in such a way and at so early stage in their lives that the available options are limited regarding the question of leading a healthy life. From this viewpoint, it might still be the case that theories of justice which start from individual responsibility of persons and patients do always come too late.

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Helmchen, H., Sartorius, N. (eds.): 2010, *Ethics in Psychiatry. European Contributions.* Dordrecht: Springer. 485 pages. ISBN: 978-9048187201. Price: € 149,00

The history of psychiatry is highly controversial and strongly woven into conflicts of cultural values and political systems. It also deals with individual situations and vulnerable life plans. The tension between a certain social framework and individual ethics makes ethics in psychiatry a very difficult but fascinating challenge; a challenge recklessly neglected in the past and still disregarded in today's education.

The concept of the editors, Hanfried Helmchen and Norman Sartorius, both experienced and renowned clinicians, scientists and thinkers in the field of psychiatry is particularly praiseworthy. It not only offers an updated, comprehensible anthology for professionals in psychiatry but also takes into account the influence of European history and culture on current ethical issues.

With this in mind, the still complex and overwhelming material was divided into six parts. The first part presents an overview of the field where most ethical issues regarding psychiatry arise. Further, it describes the significant problem of stigmatization, highlights the economical and legal framework, and discusses the role of institutional ethics. The second part provides an introduction to ethical principles, concepts, recommendations and guidelines, trying to explain why psychiatrics has ever since been struggling to implement them. The third part deals with concrete ethical problems in clinical and research settings. Moreover, it focuses on the important question of how to implement ethics and procedures in institutions. The fourth part challenges the non-medical use of psychiatry with an eye on enhancement and the influence (or abuse) of psychiatry in political contexts. The fifth part challenges different ways of making professionals sensitive to ethical practice and, finally, the sixth part draws the conclusions of the previous chapters.

The selection of topics and authors has been carefully done. I would, however, like to question the way the book

incorporates the concept of European contributions, which is prominently indicated in the subtitle. There is no doubt about the importance of developing a European anthology in this field to counterbalance the US-dominated literature on ethics in psychiatry. However, besides the great heterogeneity that exists between different European countries, it is not clear enough what the difference between European and other contributors are. In addition, it is not apparent whether the authors speak for their country, for Europe or for psychiatry in general. Almost none of the eight authors who do not come either from a German-speaking country or from the UK did get the chance to make a general statement on the values and specialties in their country. It would have been interesting to learn, for instance, about the impact of the most radical law concerning deinstitutionalization in Italy in 1978 on today's clinical practice from the Italian contributor's perspective. Or in another chapter it would have been crucial to challenge the massive variation in numbers of compulsory treatment between different European countries. The irritating difference is commented with the conclusion of ethical significance but neither preventable causes nor possible solutions are discussed from a viewpoint of the European contributors. Whether there is a European-specific psychiatry or not, a more dialogically based approach (e.g. comments from different contributors at the end of each chapters) would have been a chance to get more out of the interesting concept of European contributions.

Nevertheless, this updated, comprehensive and careful selection of articles makes this anthology a valuable (and pricey) book. Besides an informative overview about ethics and psychiatry, the anthology makes a first step towards a broader discussion about European-specific values in psychiatry.

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Ahlzén, R.: 2010. *Why should physicians read? Understanding clinical judgement and its relation to literary experience*. Karlstad (Sweden): Karlstad University Press. 372 pages. ISBN 978-9170633119. Price: £ 25,00 (the book can be directly obtained from the author: Rolf.Ahlzen@kau.se)

Physicians could be better practitioners if they read literary texts in addition to medical literature. This is the underlying claim in Rolf Ahlzén's book, *Why Should Physicians Read?* Is this saying anything other than that doctors should have an extensive education to equip them to relate better to their patients? If it was a question of understanding modern culture, they might be better employed reading the tabloid press and scandal magazines. No; Ahlzén is addressing a much deeper problem that, he argues, goes back to the 'scientific revolution' that began in the 17th Century with Copernicus and continued through to Darwin: if the Earth is merely an insignificant speck in an immense Universe on which human beings exist for a moment as no more than highly evolved life-forms, where does it leave ideas of the human soul, personal identity, meaning and free will?

Modern medicine's notable success has been achieved as the result of a scientific rational interpretation of illness, but it has largely failed to incorporate the personal human experience of illness that is the patient's perspective. This view underpins criticisms of medicine as impersonal, and, despite the major advances in medical knowledge and technology, an unease with the direction in which Western medicine is going. In recent years alternative perspectives on health care have been put forward, including the phenomenological emphasis on the patient's experience of the 'lived body', and narrative-based care in which the illness is understood from the patient's standpoint, as part of their life-story.

Ahlzén supports these, but adds to them by suggesting that literature can make its own contribution by enabling physicians make more effective clinical judgements. This, as Feinstein argued, is not about making the correct diagnosis, but doing what is best for the patient, which means appreciating the patient's perspective rather than just fixing the body machinery. Ahlzén links clinical judgement with Aristotle's notion of *phronesis*—practical knowledge (contrasted with Aristotle's other components of practice, *episteme* and *techne*—theory and instrumentality). Ahlzén's claim is that familiarity with literature—novels, drama, poetry—can enhance clinical judgement by increasing the physician's empathy with the patient along with her understanding and experience (albeit vicarious) of human suffering and need.

It is not just that familiarity with literature is desirable in order to humanize scientific medicine. Stephen Toulmin reminds us that the clinical encounter, particularly, taking the patient's history, is the heart of clinical practice. Recognising the physician as the person who interprets and gives meaning to the illness experience is central to understanding the role of the doctor. This is a literary task in itself.

This book should be essential reading for all newly graduated physicians, not just to persuade them to read, but to remind them of the internal aims of medicine and the role of the physician as interpreter and co-author in its hermeneutical task.

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Peterson, J.C.: 2010, *Changing Human Nature, Ecology, Ethics, Genes, and God*. Grand Rapids: Eerdmans. 259 pages. ISBN 978-0802865496. Price € 13.99

In *Changing Human Nature,* the American theologian James C. Peterson gives a Christian defense of genetic

intervention on human beings. He argues that we are called to alter nature, which includes our bodies, and therefore our genes. Peterson proceeds in four parts. First, after arguing that nature¯including ourselveš is changing, not static, Peterson shows that we have a responsibility towards creation. He writes, "Human beings were created to naturally change nature" (p. 91) and to "sustain, restore, and improve ourselves and our world" (p. 152). To do so, we can use technology, which we can direct to help us, not harm us. Moreover, because human nature is dynamic, we can alter our bodies and genes for the better. Second, Peterson criticizes three popular guidelines used to offer caution about altering human nature: *enhancement vs. therapy*, *designing vs. welcoming*, *present vs. future*, arguing that each guideline is inadequate and sometimes misleading. Third, he outlines four standards better suited to guide us: *Safety*, *Improvement*, *Increase Choice for the Recipient*, and *Best Use of Resources*. Finally, he addresses the question of who will be in charge of applying these standards.

Peterson successfully demonstrates that, in fact, human nature is dynamic, not static, even if this is not by itself a reason for deliberately modifying it. He is also right that our current guiding criteria are not sufficient and often problematic. Additionally, we can admire his effort to come up with new standards to improve the current criteria. However, his principles seem incomplete and might lack stronger guidance. For instance, one could argue that transgenesis will change nature for the better. Nevertheless, one should also reflect why more choice is necessarily better, or what higher purposes it serves. Let us suppose that people decide to transfer genes that will allow their children to glow in the dark (as it has already been done with monkey). This new ability and the procedure would be safe. This will increase the recipients' capacities, as they will be able to be a light in the dark. However, would this radical change make people "better"? It is very likely that many would consider such an enhancement as "dehumanizing". Therefore, it seems that we need additional standards to prevent unintended consequences, from which we have already seen disaster as we have altered our ecosystem. Some could say that enhancement should be restricted to the use of human genes. However, if we already use pigs' valves to improve humankind, why not pigs' genes? Therefore, ethicists still need to think of what standard should be added here.

Negatively, while Peterson confronts bioconservative voices in this debate, he does not challenge bioliberals or transhumanists. What does Peterson think of their views of radically altering human nature? It seems that Christian thinkers would not agree with *mind uploading*, as its denies the importance of the incarnation and bodily resurrection.

Positively, while some Christians might complain that Peterson's views make no more difference than a bioliberal stance, it might simply be that they share the same view. Moreover, it also shows how theology can bring a reasonable input in this discussion.

Finally, even though the book seems incomplete, it will be an excellent read for anyone interested in questions about how far we should modify nature. One can surely build on Peterson's proposal in order to keep searching for an answer. Readers will enjoy it, as the book is well written, logically argued and informed from a sound theological viewpoint. Alongside this book, I would recommend reading a more moderate Christian position, which gives a middle ground between bioconservatives and bioliberals: *Biotechnology and The Human Good* by C. Ben Mitchell (Georgetown University Press, 2007).

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Nordgren, A.: 2010, *For Our children. The Ethics of Animal Experimentation in the Age of Genetic Engineering*. Amsterdam: Rodopi. 214 pages. ISBN: 978-9042028043. Price: € 52.99

The purpose of this book is to develop a middle course position between the existing ones regarding animal experimentation, and to appeal for that to a social ethics perspective. The choice of a middle course position is rooted in a re-interpretation of Mary Midgley's argument of the Human-weak priority: Animal experimentation that inflicts harm on animals is *prima facie* wrong, *unless* certain special considerations suggest the opposite. These special conditions are the ones stated in the 3Rs principles (reduction, refinement and replacement) together with the following: the purpose of the experiment is of vital human interest; the experiment is likely to be of human benefit; the harm inflicted on the animals is outweighed by the expected human benefit (p. 74). The choice of a social ethical perspective, instead of an individual or personal one (p. 2) is motivated by the attention to empirical studies on public opinion on this topic. Nordgren's position is based on the open acceptance of speciecist arguments, which he derives from Midgley: "A fundamental disanalogy exists between harming mice and rats in experiments and harming citizens in other countries. The difference is that our relations to human beings differ from our relations to mice and rats." (p. 73).

The philosophical discussion of the five ethical prototypes on animal experimentation provides interesting insights into the main argumentative structures and logic of the arguments, and the author is largely committed to provide a robust foundation for his position. The knowledge about technical problems relating to genetic engineering in animals is solid. However, the lack of a very specific discussion on the problems of genetic engineering is striking, given the fact that the book is the result of two research projects on the ethics of transgenic laboratory

animals. There is no discussion on the criteria to assess scientific validity of the transgenic animal experiments, in particular on the fact that the specific goals of these experiments are in most of the cases questions which are only answerable in *transgenic animal* models, so that the lack of alternatives in many cases becomes a sort of self-fulfilling prophecy. This is very well shown by the fact that by the application of his ethical-trade-off-model to four cases of published scientific experiments (p. 174-179), Nordgren comes to a positive evaluation of all of them. There is also no discussion of the ethically relevant fact that genetic engineering of laboratory animals has brought to a huge increase of the number of animals used.

Furthermore, no further explanation is provided to the fact that even if we accept "weak" speciecism, precisely because of the obligations to animals, the assessment of the benefits of an animal experiment cannot be exhaustively analyzed only on a case-by-case basis, but it also requires a general rethinking of the founding systems and the disproportion between alternative methods and animal experiments.

Last but not least, although the effort to establish a link between philosophical argumentation and empirical results on public opinion's attitudes is important and reflects one of the major trends of contemporary applied ethics, it is not clear at all how it should work practically and theoretically. Nordgren does not mention the problems connected with scientific communication, that is, how and who assess the benefits of animal experiments and provide information to the public? Also the implications of the killing and suffering of animals remain unanswered. Finally, an additional point remains unclear: should the ethical analysis of a problem be aligned with the average opinion of the public (i.e. to the status quo)?

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Dörries A., Neitzke, G., Simon, A., Vollmann, J. (eds.): 2010, *Klinische Ethikberatung. Ein Praxisbuch für Krankenhäuser und Einrichtungen der Altenpflege,* 2nd ed. Stuttgart: Kohlhammer. 242 pages. ISBN: 978-3170212480. Price: € 39,90

For those who work in the field of clinical bioethics, and for those who are interested in implementing clinical ethics consultation services or ethics committees, this book may serve as a very useful tool.

The introductory part (chapters 1 and 2) offers an overview on the state of implementation of clinical ethics services in Germany (based on a recent survey), and on the theoretical (philosophical and theological) background of clinical ethics. The focus is placed on the practical helpfulness of ethical theories and competences. Some topics are outlined a little bit broad-brushed (e.g. the separation of is and ought, descriptive and normative ethics) but for beginners in clinical ethics these chapters summarize the basic knowledge in a well structured way.

The main part of the book (chapters 3–7) deals with practice, methods, implementation, evaluation, chances and pitfalls of clinical ethics services and ethics committees from an individual and organizational point of view. This part is interesting and helpful even for experienced clinical ethicists and also from an international perspective.

In Chapter 3 ("practice of clinical ethics services") Neitzke describes aims and models of clinical ethics, introducing a very valuable differentiation ("expert models", delegation models", "process models" and "open models") favoring the process model, specifically of a team of members of clinical ethics committees. Richter depicts pros and cons of ethics liaison service and ethical rounds implemented in a University clinic by the author, describing this model as a form of preventive ethics especially (but not as the only one) suitable for intensive care units. Chapter 4 describes structured methods of ethical case deliberations are, mostly reviewing the European, and especially German speaking countries, and offers two examples of case deliberation. Especially the first one is interesting since it represents one of the rare documentations of a case deliberation on the ward being very helpful to really "grasp" what clinical ethics support can be and do. In the same manner as for case deliberation, the process of implementation is described close to and useful for practice via the analytic depiction of processes and examples of implementing a clinical ethics service in a university and a smaller hospital. Chapters 6 (organizational ethics) and 7 (Quality Assessment and evaluation) complete the main topics of clinical ethics practice.

Finally, the book outlines some legal questions and specific features and challenges of ethic consultation in nursing homes. It also includes the statutes of ethics committees and recommendations for implementation. All in all, the book clearly meets its aim of giving a practically oriented introduction to clinical ethics services. In some parts, the international perspective could have been stronger, since most chapters are focused on the German speaking context. Special issues (e.g. pediatrics) or how to address specific topics (e.g. abortion, confidentiality) are not included but this does not minimize the aim of giving a useful introduction into the field.

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